



County of San Bernardino

**F A S
STANDARD CONTRACT**

E <input type="checkbox"/> New M <input checked="" type="checkbox"/> Change X <input type="checkbox"/> Cancel		Vendor Code		SC	Dept. BDF	A	Contract Number 02-1226 A-1	
County Department Board of Supervisors					Dept. Orgn.		CONTRACTOR's License No.	
County Department Contract Representative Kathy Kubesh					Ph. Ext. 4636		Amount of Contract	
Fund AAA	Dept. BDF	Organization BDB	Appr. 100	Obj/Rev Source 1010		Activity	GRC/PROJ/JOB Number	
Commodity Code			Estimated Payment Total by Fiscal Year					
Project Name			FY	Amount	I/D	FY	Amount	I/D
_____			_____	_____	_____	_____	_____	_____
_____			_____	_____	_____	_____	_____	_____
_____			_____	_____	_____	_____	_____	_____

THIS CONTRACT is entered into the State of California by and between the County of San Bernardino, hereinafter called the County, and

Name

_____ Timothy Johnson

hereinafter called _____ **CONTRACTOR**

Address

_____ On File

Phone

_____ On File

Birth Date

_____ On File

Federal ID No. or Social Security No.

_____ On File

IT IS HEREBY AGREED AS FOLLOWS:

(Use space below and additional bond sheets. Set forth service to be rendered, amount to be paid, manner of payment, time for performance or completion, determination of satisfactory performance and cause for termination, other terms and conditions, and attach plans, specifications, and addenda, if any.)

Effective June 3, 2003, pay period 13/03, Contract No. 02-1226 is hereby amended as follows:

Amend paragraph 7 to read as follows:

7. CONTRACTOR will be reimbursed for actual expenses incurred in the performance of this contract in accordance with the County Code provisions governing exempt employees. In addition, CONTRACTOR shall be paid a bi-weekly allowance of \$34.62, to compensate CONTRACTOR for the business related use of CONTRACTOR's personal cell phone and CONTRACTOR shall be paid a bi-weekly allowance of \$46.15, to compensate CONTRACTOR for the business related use of CONTRACTOR's personal automobile.

Except as amended, all other terms and conditions of this contract remain in full force and affect.

COUNTY OF SAN BERNARDINO

TM

Chairman, Board of Supervisors

Dated _____

SIGNED AND CERTIFIED THAT A COPY OF THIS DOCUMENT HAS BEEN DELIVERED TO THE CHAIRMAN OF THE BOARD.

Clerk of the Board of Supervisors of the County of San Bernardino.

By _____

Deputy

Approved as to Legal Form

TM

County Counsel

Date _____

Timothy Johnson

(State if corporation, company, etc.)

By _____

(Authorized Signature)

Dated _____

Title Special Projects Coordinator, Second District

Address On file

Reviewed as to Affirmative Action

TM

Date _____

Presented to BOS for Signature

TM

Department Head

Date _____